

12/14/00

~~ATTORNEY DOCKET NO.: P-9227~~  
~~or~~  
Express Mail EL084632242US

**UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL**

PATENT

**FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER:** Pamela Jamar, James D. Webb, Paul Blowers, Denise Dirnberger, Kevin T. Musdigan, Karen Stone

## METHOD AND APPARATUS FOR DISPLAYING INFORMATION RETRIEVED FROM AN IMPLANTED MEDICAL DEVICE

**CERTIFICATE UNDER 37 CFR §1.10:** I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL08463224US, on this 14 day of DECEMBER, 2000.

**FRAYDA M. NITSCHKE**

Printed Name

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**Signature**

## Assistant Commissioner for Patents

## **BOX PATENT APPLICATION**

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:  
We are transmitting herewith the attached:

- Patent Application Transmittal  
 Specification:  
    Total pages: 25 (including claims and abstract:Spec. 19 sheets; Claims 5 sheets; Abstract -1)  
 Drawings:

Total sheets: 11  
 formal       informal

- X** **Combined Declaration and Power of Attorney: (UNSIGNED)**

  - newly executed
  - copy from prior application
  - Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
  - Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

#### **Accompanying application parts:**

- Notification of filing a
  - Assignment of the Invention to Medtronic, Inc.
  - Assignment cover sheet
  - Information Disclosure Statement
  - PTO Form 1449
  - Copies of IDS citations
  - Preliminary Amendment
  - A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
  - Return Postcard

**IF A CONTINUING APPLICATION:**



944 U.S. PTO  
09/737115  
12/14/00

- This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724  
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Minneapolis, Minnesota 55432  
phone: (763)514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	23	20	= 3	x 18	54
Independent Claims	3	3	= 0	x 80	0
Multiple Dependent Claims	NO			+ 270	270
Basic Filing Fee				TOTAL	1,034

Charge Deposit Account No. 13-2546 the sum of \$1,034.00 (Filing Fee) and for a total of \$1,034.00.  
The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

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12/13/2000

Date \_\_\_\_\_

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